EXHIBIT C

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ame of Debtor	Case Number 06-10725-LBR			
USA COMMERCIAL MORTGAGE COMPANY	00-	0/23 2211		
OTE See Reverse for List of Debtors and Case Numbers us form should not be used to make a claim for an administrative explising after the commencement of the case A "request" for payment liministrative expense may be filed pursuant to 11 U S C § 503	oense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
ame of Creditor and Address	i	statement giving particulars		
1132124100147 42145 TRUST	U .	Check box if you have never received any notices		
C/O RICHARD C MACDONALD TRUSTEE 1730 W HORIZON RIDGE PKWY		from the bankruptcy court or BMC Group in this case	SECURED INTER	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT
HENDERSON NV 89012-1001	;	Check box If this address	ONE OF THE DE	BTORS eady filed a proof of claim with the
		differs from the address on the envelope sent to you by the	Bankruptcy Court	or BMC you do not need to file again
editor Telephone Number ()	della	court	THIS SPAC	E IS FOR COURT USE ONLY
st four digits of account or other number by which creditor identifies	dentor	Check here replace or if this claim amen	a previously	filed claim dated
BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S		Unremutted principal
Goods sold Personal injury/wrongful death Services performed Taxes		salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		digits of your SS #	rformed from	to
	Cripaid	omparisation for agreed po		(dete) (date)
DATE DEBT WAS INCURRED July 2005		OURT JUDGMENT, DATE O		
CLASSIFICATION OF CLAIM Check the appropriate box or boxes the See reverse side for important explanations	at best descr	•	unt of the claim at t	the time case filed
ISECURED NONPRIORITY CLAIM \$		SECURED CLAIM	dawa ia aasu	word by addletoval (makedog
Check this box if a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it, or if c) none or only part of y) your claim	a right of setoff)	JUL CIBILLI 18 SOCO	red by collateral (including
entitled to priority	our ciaim is	Brief description of	collateral	
SECURED PRIORITY CLAIM		Real Estate	Motor Vehicle	Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$				at time case filed included in
Specify the priority of the claim		secured claim, if any		
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	_ └	Up to \$2,225* of deposits town services for personal family of		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's		Taxes or penalties owed to go		- ','''
business whichever is earlier 11 U.S.C. § 507(a)(4) Contributions to an employee benefit plan 11 U.S.C. § 507(a)(5)		Other - Specify applicable part		- ,,,,
Continued to an employee benefit plan 11 0 0 0 g oor (a)(o)		* Amounts are subject to adju- with respect to cases commer		
· · · · · · · · · · · · · · · · · · ·	250,00	\$		\$250,000
AT TIME CASE FILED (unsecured)	(:	secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t	he principal	amount of the claim Attach ite	mized statement o	of all interest or additional charges
CREDITS The amount of all payments on this claim has been ore SUPPORTING DOCUMENTS Attach copies of supporting doc	<i>uments,</i> si	ich as promissory notes, pur	chase orders, inv	oces itemized statements of
unning accounts, contracts, court judgments, mortgages, security DOCUMENTS If the documents are not available, explain. If the				T SEND ORIGINAL
DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	e filing of y	our claim, enclose a stampe	d, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be ser				THIS SPACE FOR COURT
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jovernmental units) Y MALL TO		OR OVERNIGHT DELIVERY TO)	EILED MOV O P 2000
3MC Group Attn USACM Claims Docketing Center	BMC Gro Attn US/	iup NCM Claims Docketing Cente	ır	FILED NOV 0 7 2006
O Box 911 Segundo, CA 90245-0911	1330 Eas	st Franklin Avenue do, CA 90245		1104 -
E SIGN and print the name and title, if any, of t	he creditor o			USA CMC
11/3/06 thus claim fattach copy of power of atto	-	Inst Terrary	1 4/00 ,	072501079
Tyen a vacous, wood	my ou	fact VEFFREY	L TIHRIMAN	1

Case vo-10/20-gwz Duc 00	+∩lol((DOL OL CAVINE	0.22.13	rage 3 of 9
lame of Debtor	Case No	ımber	1	
USA COMMERCIAL MORTGAGE COMPANY	06-	10725-LBR		
IOTE See Reverse for List of Debtors and Case Numbers his form should not be used to make a claim for an administrative expressing after the commencement of the case A "request" for payment dministrative expense may be filed pursuant to 11 U S C § 503	ense of an	Check box if you are aware that anyone else has filed a proof of claim relating		
lame of Creditor and Address		to your claim Attach copy of statement giving particulars		
92173 FAMILY TRUST (1) C/O RICHARD C MACDONALD AND CLAIRE MACDONALD CO TRUSTEES 1730 W HORIZON RIDGE PKWY HENDERSON NV 89012-1001	9	Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address	SECURED INTE	
		differs from the address on the envelope sent to you by the	Bankruptcy Cour	ready filed a proof of claim with the rt or BMC you do not need to file again
reditor Telephone Number () ast four digits of account or other number by which creditor identifies (court.	THIS SPA	CE IS FOR COURT USE ONLY
ast rour digits of account of other number by which creditor identifies of	deptor.	Check here replace of this claim amen	a previous	y filed claim dated
BASIS FOR CLAIM	Retiree	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death Services performed Taxes	Wages,	salaries and compensation (Other claims against servicer (not for loan balances)
Money loaned Other (describe briefly)		compensation for services per	rformed from	to
DATE DEBT WAS INCURRED .Tully 2005	la 15 a			(date) (date)
CLASSIFICATION OF CLAIM Check the appropriate box or hoxes that		OURT JUDGMENT, DATE O		the time care filed
See reverse side for important explanations	DUST COSCII	SECURED CLAIM	nut of the Cistill St	the time case filed
NSECURED NONPRIORITY CLAIM \$ Check this box if a) there is no collateral or lien securing your claim, or b) exceeds the value of the property securing it or if c) none or only part of yo	your claim ur claim is		our cialm is secu	ired by collateral (including
entitled to priority VSECURED PRIORITY CLAIM		Brief description of	collateral	
Check this box if you have an unsecured claim all or part of which is		Real Estate	Motor Vehicle	e Other
entitled to priority Amount entitled to priority \$		Value of Collateral	\$	
Specify the priority of the claim		Amount of arrearage an secured claim if any 5	id other charges S	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	m	Up to \$2,225° of deposits towa		
Wages salanes or commissions (up to \$10 000)*, earned within 180 days before filling of the bankruptor petition or cassation of the debtor's		services for personal, family, or Taxes or penalties owed to gov	r household use -1	11 USC § 507(a)(7)
business whichever is earlier - 11 U S C § 507(a)(4)		Other Specify applicable para		
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adjust with respect to cases commend	tment on 4/1/07 a	nd every 3 years thereafter
TOTAL AMOUNT OF CLAIM \$ \$ 2	50,00	0 \$	· · · · · · · · · · · · · · · · · · ·	\$ 250,000
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	ecured)	(priority)	(Total)
CREDITS The amount of all payments on this claim has been credit SUPPORTING DOCUMENTS Attach copies of supporting documenting accounts, contracts, court judgments, mortgages, security at DOCUMENTS If the documents are not available, explain If the documents are not available.	ited and demonts, suggested the suggested th	educted for the purpose of mach ch as promissory notes, purc s, and evidence of perfection are voluminous, attach a surr	aking this proof hase orders, inv of lien DO NO nmary	of claim cices, itemized statements of T SEND ORIGINAL
proof of claim				envelope and copy of this
The original of this completed proof of claim form must be sent ACCEPTED) so that it is actually received on or before 5 00 pm, for each person or entity (including individuals, partnerships, co	prevalling	pacific time, on Novembe	r 13 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group		OP OVERNIGHT DELIVERY TO		FILED NOV. 6 TO 1
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center		FILED NOV 0 7 2006
El Segundo CA 90245-0911	El Segund	Franklin Avenue o, CA 90245		112
SIGN and print the name and title if any of the his claim (attach topy of power of attorned)	creditor or	other person authorized to file		USA CMC
11/3/06 Jeffley d. Warten, attor	mey m	fact TEFFREY L	HARTMAN	1072501080

Case Ub-10725-0WZ DOC 8840-	-3	ieren us/ub/ LL L3-2	21.3 Pac	<u>e 4 01 9</u>
UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA	PRO	OOF OF CLAIM		
Name of Debtor	Case Number			
USA Commercial Mortgage Company	06-107	725-LBR		
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative exp arising after the commencement of the case A request for payment administrative expense may be filed pursuant to 11 U S C § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of	WHOSE LOAN IS	LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address 1132124203451 CLARK HAROLD 555 TWINING FLATS RD ASPEN CO 81611	7	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the	OF CLAIM THIS BORROWER HE DO NOT FILE TH SECURED INTEI ONE OF THE DE If you have ali	ready filed a proof of claim with the
Condition Talantama Number (ADA) (2.2.2.2.2.1.6.2		envelope sent to you by the court	' '	or BMC you do not need to file again
Creditor Telephone Number (**/*) 973-2693 Last four digits of account or other number by which creditor identifies of	debtor		THIS SPAC	E IS FOR COURT USE ONLY
7293	ueb(oi	Check here replace or if this claim amen	a previousi	y fileo claim dateo
1 BASIS FOR CLAIM	Retiree I	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against service
Services performed Taxes	Last four	r digits of your SS#	7793	(not for loan balances)
Money loaned Under (describe briefly)	Unpaid o	compensation for services pe	rformed from	to
2 DATE DEBT WAS INCURRED 9-28-2004	3 IF C	OURT JUDGMENT, DATE C	RTAINED	(date) (date)
CLASSIFICATION OF CLAIM Check the appropriate box or boxes that See reverse side for important explanations		ibe your claim and state the amo		the time case filed
UNSECURED NONPRIORITY CLAIM \$		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b) exceeds the value of the property securing it or if c) none or only part of your entitled to priority		Check this box if you a right of setoff) Brief description of		red by collateral (including
UNSECURED PRIORITY CLAIM		Real Estate		e 🔲 Other
Check this box if you have an unsecured claim all or part of which is entitled to priority		Value of Collateral		
Amount entitled to priority \$				500,000
Specify the priority of the claim		secured claim if any	10 other charges	at time case filed included in
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2 225* of deposits toward		
Wages salaries or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptuy petition or cessation of the debtor's business whichever is earlier 11 U S C § 507(a)(4)		services for personal family of Taxes or penalties owed to go	r household use -1	1 U S C § 507(a)(7)
Contributions to an employee benefit plan 11 U S C § 507(a)(5)		Other - Specify applicable para		
		* Amounts are subject to adjust with respect to cases commen		
5 TOTAL AMOUNT OF CLAIM \$ \$ AT TIME CASE FILED	45	4,329 \$		\$454,329
(unsecured) Check this box if claim includes interest or other charges in addition to the	•	secured) amount of the claim Attach ite	(priority) mized statement o	(Total) of all interest or additional charges
6 CREDITS The amount of all payments on this claim has been cred 7 SUPPORTING DOCUMENTS Attach copies of supporting docu- running accounts, contracts, court judgments mortgages security a DOCUMENTS If the documents are not available explain. If the d 8 DATE-STAMPED COPY To receive an acknowledgment of the proof of claim	dited and o <u>iments,</u> su agreement locuments	leducted for the purpose of much as promissory notes pure s and evidence of perfection are voluminous attach a sur	naking this proof chase orders inv of lien DO NO nmary	of claim roices, itemized statements of IT SEND ORIGINAL
The original of this completed proof of claim form must be sen ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or	, prevailir	ng Pacific time, on Novembe	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units) BY MAIL TO BMC Group Attn USACM Claims Docketing Center	BY HAND BMC Gro	OR OVERNIGHT DELIVERY TO		"FD OCT 27 2006
P O Box 911	1330 Eas	t Franklin Avenue		
El Segundo CA 90245-0911 DATE SIGN and print the name and title if any of the		do CA 90245		USA CMC
this claim (attach conv of power of attorn	ney if any)	·		1072500778
16-23-06 Harold & Cleuk	HARO	LD F CLARK		

Case 06-10725-gwz Doc 884	0-3 E	ntered 08/06/11 13	:22:13 P	age 5 of 9
UNITED STATES BANKRUPTCY COURT		OF OF CLAIM		
DISTRICT OF NEVADA				
	Case Nu	mhor		
Name of Debtor			\$50000	1.00 UNSECURED
USA COMMERCIAL MORTGAGE CO.	06	-10725_LBR		
NOTE See Reverse for List of Debtors and Case Numbers	4			
This form should not be used to make a claim for an administrative expansing after the commencement of the case. A "request" for payment	pense of an	Check box if you are aware that anyone else has		
administrative expense may be filed pursuant to 11 U S C § 503	J. 4	filed a proof of claim relating to your claim. Attach copy of		
Name of Creditor and Address:	37.1	statement giving particulars		
	261	Check box if you have	(1000)	IC PARTUERS II
WILLIAM DUPIN & PENLY DUPIN		never received any notices		
545 COLE CIRCLE		from the bankruptcy court or BMC Group in this case	SECURED INTE	HIS PROOF OF CLAIM FOR A. REST IN A BORROWER THAT IS NOT
INCLINE VILLAGE, NV 89451		Check box if this address differs from the address on the	ONE OF THE DE	BTORS ready filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Cour	t or BMC you do not need to file again
Creditor Telephone Number () 775 831 9587		court.	THIS SPAC	CE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor	Check here replace	es o provincial	y filed claim dated
		if this claim amen	ds previousi	y meu claim dateu
1 BASIS FOR CLAIM	Retiree b	enefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	- 1 Waαes.s	salaries, and compensation (f	ill out below)	Other claims against servicer
Services performed Taxes	3 .	digits of your SS#		(not for loan balances)
Money loaned Other (describe briefly)		ompensation for services per	formed from	to
				(date) (date)
2. DATE DEBT WAS INCURRED.		OURT JUDGMENT, DATE O		
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that See reverse side for important explanations 	it best descri	be your claim and state the amou	int of the claim at	the time case filed
UNSECURED NONPRIORITY CLAIM \$ 50,000 00		SECURED CLAIM		
Check this box if a) there is no collateral or lien securing your claim or b)	your claim	- اسا	ur daım ıs secu	red by collateral (including
exceeds the value of the property securing it, or if c) none or only part of your entitled to priority	our claim is	a nght of setoff)		
UNSECURED PRIORITY CLAIM		Bnef description of		
Check this box if you have an unsecured claim all or part of which is		Real Estate L	Motor Vehicle	e U Other
entitled to priority		Value of Collateral	\$	
Amount entitled to priority \$ 50,000 00				at time case filed included in
Specify the priority of the claim.		secured claim, if any	·	
Domestic support obligations under 11 U S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225* of deposits towa		
Wages salanes, or commissions (up to \$10 000)* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	, [services for personal family of Taxes or penalties owed to gove		* '.''
business whichever is earlier - 11 U S C § 507(a)(4).	H	Other - Specify applicable para		• • • • • • • • • • • • • • • • • • • •
Contributions to an employee benefit plan - 11 U S C § 507(a)(5)	لبسط	* Amounts are subject to adjus		
E TOTAL AMOUNT OF CLAIMS O		with respect to cases commend	ed on or after the	
5 TOTAL AMOUNT OF CLAIM \$ 50,000.00 \$		\$		\$
(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to the	ne principal a	amount of the claim. Attach iten	nized statement o	of all interest or additional charges
6 CREDITS. The amount of all payments on this claim has been cred				
7 SUPPORTING DOCUMENTS <u>Attach copies of supporting docu</u> running accounts contracts court judgments mortgages security a	uments, su	ch as promissory notes, purc	hase orders inv	roices itemized statements of
DOCUMENTS If the documents are not available, explain. If the				I SEND ORIGINAL
8 DATE-STAMPED COPY. To receive an acknowledgment of the proof of claim	e filing of yo	our claim enclose a stamped	, self-addressed	d envelope and copy of this
The original of this completed proof of claim form must be sen				THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5 00 pm for each person or entity (including individuals, partnerships, or		-		USE ONLY
governmental units)	•		u	USA CMC
BMC Group	BY HAND O	OR OVERNIGHT DELIVERY TO		
Attn USACM Claims Docketing Center	Attn USA	CM Claims Docketing Center		1072501457
P O 8ox 911 El Segundo CA 90245-0911		Franklin Avenue o CA 90245		
DATE SIGN and print the pame and title if any of the	e creditor or			FILED NOV 1 6 2006
this claim deflacts copy of power of attorn				I ILLY I TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE
16 NOV VO	.)			

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Name of Debtor:	Case Nu	ımber:		
USA Commercial Mortgage Co.		-10725 LBR		
		227		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative ex	pense	Check box if you are		
arising after the commencement of the case. A "request" for payment		aware that anyone else has filed a proof of claim relating		
administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor and Address:		to your claim. Attach copy of statement giving particulars.		
Name of Creditor and Address.)1	stationalit giving particulars.		
PAUL D GRAF AND MARGARET A GRAF		Check box if you have never received any notices		
2530 GREAT HWY SAN FRANCISCO CA 94116-2613		from the bankruptcy court or BMC Group in this case.	SECURED INTER	S PROOF OF CLAIM FOR A EST IN A BORROWER THAT IS NOT
		Check box if this address differs from the address on the	ONE OF THE DEE	ady filed a proof of claim with the
		envelope sent to you by the	Bankruptcy Court	or BMC, you do not need to file again.
Creditor Telephone Number (4/5) 66/-2855		court.	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies	debtor:	Check here replac	ces a previously	filed claim dated:
6625		if this claim amen		
1. BASIS FOR CLAIM	Retiree t	penefits as defined in 11 U.S.	C. § 1114(a)	Unremitted principal
Goods sold Personal injury/wrongful death	Wages,	salaries, and compensation (fill out below)	Other claims against services (not for loan balances)
Services performed Taxes		r digits of your SS #:		(HOLIGH HOER DEREROSS)
Money loaned U Other (describe briefly)	Unpaid o	compensation for services pe	rformed from:	(date) (date)
2. DATE DEBT WAS INCURRED: 7/18/05	3. IF C	OURT JUDGMENT, DATE O	BTAINED:	
 CLASSIFICATION OF CLAIM. Check the appropriate box or boxes the See reverse side for important explanations. 	at best descr	ibe your claim and state the amo	unt of the claim at th	e time case filed.
UNSECURED NONPRIORITY CLAIM \$ 12, 875.03		SECURED CLAIM		
Check this box if: a) there is no collateral or tien securing your claim, or b		a right of setoff).	our claim is secur	ed by collateral (including
exceeds the value of the property securing it, or if c) none or only part of y entitled to priority.	your claim is	Brief description of	collateral:	
UNSECURED PRIORITY CLAIM	and the second	Real Estate		Other
Check this box if you have an unsecured claim, all or part of which is entitled to priority.		Value of Collateral	_	
Amount entitled to priority \$		i i		000,at time case filed included in
Specify the priority of the claim		secured claim, if any:	50,000.	at title vase ined wichood in
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Г	Up to \$2,225° of deposits towe	and purchase, lease,	or rental of property or
Wages, salaries, or commissions (up to \$10,000)*, samed within 180 days	· _	services for personal, family, o		
before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	<u></u>	Taxes or penalties owed to go		
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	L _	Other - Specify applicable part * Amounts are subject to adjust	• ,	
		with respect to cases commer		
5. TOTAL AMOUNT OF CLAIM \$ 12,875.03 \$		000. — \$		\$ 62,875.03
(unsecured)		secured)	(priority)	(Total)
Check this box if claim includes interest or other charges in addition to t				
6. CREDITS: The amount of all payments on this claim has been cre				
 SUPPORTING DOCUMENTS: <u>Attach copies of supporting doc</u> running accounts, contracts, court judgments, mortgages, security DOCUMENTS. If the documents are not available, explain. If the 	agreement	s, and evidence of perfection	of lien. DO NO	
DATE-STAMPED COPY: To receive an acknowledgment of the proof of claim.			•	envelope and copy of this
The original of this completed proof of claim form must be set	-			THIS SPACE FOR COURT
ACCEPTED) so that it is actually received on or before 5:00 pm for each person or entity (including individuals, partnerships,			13, 200g	USE ONLY
governmental units). By MAIL TO:		OR OVERNIGHT DELIVERY TO		
BMC Group	BMC Gro			
Attn: USACM Claims Docketing Center P. O. Box 911	1330 Eas	st Franklin Avenue	'	
El Segundo, CA 90245-0911		do, CA 90245		
DATE SIGN and print the name and title, if any, of the stage of payer of arts.				
10/26/06 MAULY GRAT	_	Margareth	4. Graf	

Penalty for presenting fraudulent claim is a fine of up to \$500,800 or imprisonment for up to 5 years, or both 18 U.S.C. \$\$ 152 AND 3571

Page 1 ay of

United States Bankruptcy Court	DISTRICT OF Nevada				
	DELIKE OF HANGON	PROOF OF CLAIM			
Name of Dubtor	Case Number 06-10725-LBR				
USA COMMERCIAL MORTGAGE COM	MAY 06-10125-213R				
NOTF This form should not be used to make a claim for an admini of the case. A request for payment of an administrative expense m					
or the case. A request for payment of an auministrative expense in	ay of med pulsuam to II OSC 3 707				
Name of Creditor (The person or other entity to whom the	Check box if you are aware that anyone				
dibitor owes money or property) FIRST SAVINGS BANK, CUSTO DIAN FO	else has filed a proof of claim relating to your claim Attach copy of statement				
MICHAEL REED IRA	giving particulars				
Name and address where notices should be sent	Check box if you have never received any				
MICHAEL REED	notices from the bankruptcy court in this case				
259 DVISRLOOK DR	Check box if the address differs from the				
CADIZ, KY 42211 Telephone number 270 512 - 7519	address on the envelope sent to you by the court.	THIS SPACE IS FOR COURT USE ONLY			
Last four digits of account or other number by which creditor	Check here V replaces 10725 - 3	01692 1 3			
identifies debtor	if this claim amends a previously filed	claim dated 12 DX 00			
1 Rasis for Claim	Retiree benefits as defined in [1]	USC § 1114(a)			
Goods sold	Wages salaries, and compensation				
Services performed	Last four digits of your SS # Unpaid compensation for service	es performed			
Money loaned Personal injury/wrongful death		ea perrorinica			
☐ m	from to_ (date)	(date)			
Other SLEE EXHIBIT A		(00.0)			
2. Date debt was incurred 7/18/2005	3. If court judgment, date obtained				
4. Classification of Claim. Check the appropriate box or boxes to	hat best describe your claim and state the amount of	the claim at the time case filed			
See reverse side for important explanations	Secured Claim				
Unsecured Nonpriority Claim s 50,746.42	Check this box if your claim is s	ecured by collateral (including			
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ur claim, or a right of setoff)	could by condicial (including			
only part of your claim is entitled to priority	Brief Description of Collateral				
Unsecured Priority Claim	Real Estate Motor Vel				
Check this box if you have an unsecured claim all or part of	which is Value of Collateral \$ UN	てるのはと			
entitled to priority	Amount of arrearage and other charge	s at time case filed included in			
Amount entitled to priority \$	secured claim if any \$ 746,	57			
Specify the priority of the claim	Up to \$2 225* of deposits toward purch				
Domestic support obligations under 11 USC § 507(a)(1)(A)	U or comucas for nemonal family or house				
(a)(1)(B)	or § 507(a)(7) Taxes or penalties owed to governmenta	d units - 11 11 C C & \$07(a)/9)			
Wages, salaries, or commissions (up to \$10,000),* carned with	in 180 🗀				
days before filing of the bankruptcy petition or cessation of the deb business, whichever is earlier 11 U S C § 507(a)(4)	*Amounts are subject to adjustment on 4/1/0				
Contributions to an employee benefit plan - 11 U.S.C. § 507(with new set to acces commerced on an				
5 Total Amount of Claim at Time Case Filed	\$50,746 \$ 50,146.52	50, 746,52			
Check this box if claim includes interest or other charges in ad		onty) (Total)			
interest or additional charges.					
6. Credits The amount of all payments on this claim has been	n credited and deducted for the purpose of TH	IIS SPACE IS FOR COURT USE ONLY			
making this proof of claim 7. Symmetries Degree at Attack consect of symmetries degree at a symmetry and a symmetry and a symmetry at a symme					
7 Supporting Documents Attach copies of supporting documents, such as promissory notes, purchase orders invoices itemized statements of running accounts contracts court judgments, mortgages, security					
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the					
documents are not available, explain If the documents are volu	uminous, attach a summary	1841 4 6 9887			
8. Date-Stamped Copy To receive an acknowledgment of the f	filing of your claim enclose a stamped File D	JAN 16 2007			
addressed envelope and copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to					
, , file this claim (attach copy of power of attorney, if any)					
1/11/2007 Michael Reed M					
	ICHAIEL T RIBED	USA CMC			
Penalty for presenting fraudulent claim. Fine of up to \$500,000 o	or imprisonment for up to 5 years or both 18 t	1072502357			

Case 06-140765190725-100c 88410-311501eredile8/96/11/08:22-16ge Page 8 of 9

MOTOR STREET, SECTION OF THE SECTION	TTO I THOU THITTOO T ago	5 00 0	
	OOF OF CLAIM		
Name of Debtor: Case N	umber:		
	-10725		
NOTE: See Reverse for List of Debtors and Case Numbers. This form should not be used to make a claim for an administrative expense			
arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503.	Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Address:	your claim. Attach copy of statement giving particulars.		
MARLENE C. WADE 2314 TALL TIMBERS LANE	Check box if you have never received any notices		
		HIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT	
MARIETTA, GA 30066	Check box if this address differs from the address on the envelope sent to you by the Bankruptcy Court	ready filed a proof of claim with the t or BMC, you do not need to file again.	
Creditor Telephone Number () 770 - 516 - 4076 Last four digits of account or other number by which creditor identifies debtor:	THIS SPACE	CE IS FOR COURT USE ONLY	
4537	Check here replaces or a previously amends	y filed claim dated:	
	benefits as defined in 11 U.S.C. § 1114(a)	Unremitted principal	
Caprison performed Tayon	salaries, and compensation (fill out below) r digits of your SS #:	Other claims against servicer (not for loan balances)	
Maria de la compania del compania del compania de la compania del compania del compania de la compania de la compania del compania dela	compensation for services performed from:	to	
2. DATE DEBT WAS INCURRED: 7-18-05 3. IF O	OURT JUDGMENT, DATE OBTAINED:	(date) (date)	
4. CLASSIFICATION OF CLAIM. Check the appropriate box or boxes that best described in the control of the contro		the time case filed	
See reverse side for important explanations.	SECURED CLAIM	and arms days mag.	
UNSECURED NONPRIORITY CLAIM \$		ared by collateral (including	
Check this box if: a) there is no collateral or lien securing your claim, or b) your claim exceeds the value of the property securing it, or if c) none or only part of your claim is	a right of setoff).	red by conateral (modeling	
entitled to priority. UNSECURED PRIORITY CLAIM	Brief description of collateral:		
Check this box if you have an unsecured claim, all or part of which is entitled to priority.	Real Estate Motor Vehicle Value of Collateral: \$	A	
Amount entitled to priority \$	Amount of arrearage and other charges		
Specify the priority of the claim:	secured claim, if any: \$		
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)	Up to \$2,225* of deposits toward purchase, leas services for personal, family, or household use -	e, or rental of property or 11 U.S.C. § 507(a)(7).	
Wages, salaries, or commissions (up to \$10,000)*, earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier - 11 U.S.C. § 507(a)(4).	Taxes or penalties owed to governmental units -	11 U.S.C. § 507(a)(8).	
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5).	Other - Specify applicable paragraph of 11 U.S.6 * Amounts are subject to adjustment on 4/1/07 a		
	with respect to cases commenced on or after the		
AT TIME CASE FILED:	OÐ D \$	\$ 50,000	
(unsecured)	secured) (priority)	(Total)	
Check this box if claim includes interest or other charges in addition to the principal			
 CREDITS: The amount of all payments on this claim has been credited and SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u>, s running accounts, contracts, court judgments, mortgages, security agreemen 	uch as promissory notes, purchase orders, in	voices, itemized statements of	
DOCUMENTS. If the documents are not available, explain. If the documents	s are voluminous, attach a summary.		
8. DATE-STAMPED COPY: To receive an acknowledgment of the filing of proof of claim.	your claim, enclose a stamped, self-addresse	d envelope and copy of this	
The original of this completed proof of claim form must be sent by mail		THIS SPACE FOR COURT	
ACCEPTED) so that it is actually received on or before 5:00 pm, prevailing Pacific time, on November 13, 2006 USE ONLY for each person or entity (including individuals, partnerships, corporations, joint ventures, trusts and			
governmental units).			
BMC Group BMC Gro			
	ACM Claims Docketing Center st Franklin Avenue		
El Segundo, CA 90245-0911 El Segur	ndo, CA 90245		
DATE SIGN and print the name and title, if any, of the creditor of this claim (attach copy of power of attorney, if any)			
11-7-2046 mar Mark MARLENT	d MASE_		

	Cas	E 00-10123-9WZ D00 004	+U-S LI	ILELEA 00/00/11 12.	44,13 <u>ra</u> l	<u> </u>
	INTED STATE	ES EANKRUPTCY COURT RICT OF NEVADA	ON COURSE	OOF OF CLAIM		
Name of	Debtor		Case Nu	mber	I E	
USA	COMMERCIA	AL MORTGAGE COMPANY	BK-S	-06-10725 LBR		
This form sl arising after	hould not be used the commencer	t of Debtors and Case Numbers d to make a claim for an administrative e nent of the case A "request" for paymei be filed pursuant to 11 USC § 503		Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		
	DEFINED BI 249 MARGO PO BOX 307 PISMO BEA	113212410034 NCIAL GROUP INC ENEFIT PENSION TRUST DWAY	474	statement giving particulars Check box if you have never received any notices from the bankruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the court	SECURED INTER ONE OF THE DE If you have ain Bankruptcy Court	IIS PROOF OF CLAIM FOR A REST IN A BORROWER THAT IS NOT BTORS eady filed a proof of claim with the or BMC you do not need to file again SE IS FOR COURT USE ONLY
		r other number by which creditor identifie	es debtor	Check boro Trepla		
		937		Check here I replain or if this claim amer	a previously	r filed claim dated
	OR CLAIM	<u>Пъ </u>	Retiree l	penefits as defined in 11 U S	C § 1114(a)	Unremitted principal
Goods		☐ Personal injury/wrongful death		salaries and compensation ((fill out below)	Other claims against servicei (not for loan balances)
Mone:	ces performed	Other (describe briefly)		r digits of your SS#		(not for four balances)
LA MONE	y loaned		Unpaid (compensation for services pe	ertormed from	(date) to (date)
	EBT WAS INCUR			OURT JUDGMENT, DATE O		
	FICATION OF CL se side for importan	AIM Check the appropriate box or boxes to explanations	that best descr	be your claim and state the amo	ount of the claim at t	the time case filed
l l	RED NONPRIORI	•		SECURED CLAIM		
exceed		is no collateral or lien securing your claim or property securing it or if c) none or only part or		a right of setoff)		red by collateral (including
	ED PRIORITY CI	LAIM	MARY, MIR., MIR.	Brief description of	_	Пол
·	•	an unsecured claim all or part of which is		Real Estate		
1	to priority	•		Value of Collateral		000,00
1	t entitled to priority the priority of the o	slaim		Amount of arrearage as secured claim if any		at time case filed included in
1—		ons under 11 U S C § 507(a)(1)(A) or (a)(1)(B	B) [Up to \$2 225* of deposits town		
before	filing of the bankrup	issions (up to \$10 000)* earned within 180 da otcy petition or cessation of the debtor's	ays 🖵	services for personal family of Taxes or penalties owed to go		, , , , , , , , , , , , , , , , , , ,
r		rlier 11 U S C § 507(a)(4)		Other - Specify applicable par		- ',','
Contrib	outions to an employ	yee benefit plan - 11 U S C § 507(a)(5)		* Amounts are subject to adju- with respect to cases commer		
	AMOUNT OF CL	AIM \$	365		iced on or alter the	\$ 50,520,83
	E CASE FILED	(unsecured)	(1	secured)	(priority)	(Total)
		ludes interest or other charges in addition to				
7 SUPPO	ORTING DOCUM accounts, contra	of all payments on this claim has been c MENTS <u>Attach copies of supporting do</u> icts, court judgments mortgages securit cuments are not available explain. If the	o <u>cuments,</u> su ty agreement	uch as promissory notes pures, and evidence of perfection	chase orders, inv of lien DO NO	roices, itemized statements of
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ACCEP for eacl governi	TED) so that it is h person or entit mental units)	npleted proof of claim form must be s s actually received on or before 5 00 p ty (including individuals, partnerships	pm, prevadir s, corporatio	ng Pacific time, on Novemb ons, joint ventures, trusts a	er 13, 2006 nd	THIS SPACE FOR COURT USE ONLY
BY MAIL BMC GI Attn US	roup SACM Claims Do	cketing Center	BMC Gro Attn USA	ACM Claims Docketing Cente		D NOV 1 4 2006
J	ndo, CA 90245-0	911		t Franklin Avenue do CA 90245		1104 6
DATE	2/04	SIGN and print the name and title if any of this claim (attach copy of power of at	f the creditor o			USA CMC
11/8	100	IKobert Wala	2	ROBERT WALL	D-TRUSTEE	1072501448